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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None (WAM)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None (WAM)

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>CAH</u> Initials: _____				

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## TITLE

Cord shortener

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